



MINDFULNESS PRACTICE AND AMELIORATING DEPRESSIVE SYMPTOMS AMONG PTSD CLIENTS: AN EXPERIMENTAL STUDY

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ABSTRACT

This study examined the usefulness of Mindful Therapy. The assumption underlying in the current study was that mindfulness will bring positive changes in depressive symptoms among PTSD client. Depression was assessed by using Hamilton depression scale and mindfulness techniques used with the help of Mindful breathing and Mindful walking. The data were collected in pre and post test design on 80 participants of refugees who escaped from Tibet to India and stay at Dharmshala (Himachal Pradesh, India). They all were diagnosed with PTSD by mental health professional at NGO (GU-CHUM-SUM), who provides the basic needs, education and counseling. Results revealed that there is a significant change in the depressive symptoms of the experimental group then the control group of participants who participated in the mindfulness practices. The differences in pre and post setting indicate that the mindfulness helps in treatment of PTSD.

KEYWORDS: Mindfulness, Depression, & PTSD.

INTRODUCTION:

Mindfulness is a state of active and open attention to the current situation. This state described in terms of observing one's thoughts and feelings without judging good or bad. Mindfulness is an attribute of consciousness which can be believed to promote well-being of the person. According to Kabat-Zinn (1991) Mindfulness refers to the giving attention in a particular way with a purpose for the present moment and non-judgmentally. Various scholar in the field of psychology define Mindfulness refers to a psychological attributes which consist of individual thorough attention to the current situation, or having the experience of current situation by the person in terms of nonjudgmental way. Further, a two factor model of mindfulness revealed that self regulation and orientation towards the person experience to the present situation may develop curiosity and opens within the person (Bishop et al. 2004). The emergence of mindfulness in Western culture can be attributed to Jon Kabat-Zinn who studied mindfulness under several Buddhist teachers, such as Philip Kapleau and Thich Nhat Hanh. As a professor at the University of Massachusetts medical school in the late 1970s, Kabat-Zinn developed a program called Mindfulness-Based Stress Reduction (MBSR) to treat chronic pain.

Mindfulness is a kind of practice which has several positive outcomes that can be helpful in two ways that is psychological and physical. Major psychological change we can observe that increases the awareness of thought process and sensation towards the current situations. Mindful practice is also helpful to aware the person from surrounding environment where the person is living (Black, 2010). Main objective of this practice is to make person so aware about their decisional process which resulted in terms of autopilot mode (Black, 2010; Walach et al., 2007). Mindfulness concept has a long historical background in Buddhism tradition, where it focused on attention and control process (Cayoun, Sauvage, & Van Impe, 2004). Mindfulness thought has been associated with a large numbers factor related to mental and physical aspects of the person (Kostanski & Hassed, 2008), treatment related to the chronic illness (Matchim & Armer, 2007), and cardiovascular health factors (Treiber, 2004), reducing the stress (Carlson & Garland, 2005) and enhancing and improving the psychological well-being (Teasdale et al., 2000).

American Psychological Association (APA) reported empirically which clearly indicate that mindful practice has following benefits which includes, mentally aware about surrounding, helpful in reducing the stress levels, recover from negativity and improved control in negative thinking which is a major cause and symptom of depression, it also enhance the mental flexibility of the person and focused attention, active memory, further it also slow down the distracting negative thought and fearful emotional response (Davis & Hayes, 2011)

Post-Traumatic Stress Disorder (PTSD) is a mental condition which emerged as result of traumatic events/situation occurs in person's life. DSM 4-TR has recommended diagnostic guidelines for PTSD that person may have a history of traumatic events, and he/she has experienced the traumatic events thoroughly, the response of the individual can be seen in terms of fearful and terrible. PTSD victim has the memory of painful experience which consistently creates stress for the person and he or she is not able to forget the memory related to trauma. The

memories related to trauma create distressing feeling of distress and trauma within the person. For instance, after the terrorist attacks, the sound and visualization of those particular situations may remind the person of the fearful sound and vision which bring back the distress in front of individuals.

In Most cases, we have seen that the symptoms may not be seen immediately after traumatic events, but it may be observed after a month or years. We can understand it in two ways. One the person who is experiencing the trauma may reveal the strong coping but he/she may fail to cope with traumatic memory which results painful feeling of PTSD. Secondly, person uses the alternative coping mechanism to cope with the traumatic memory of mild nature. Therefore, the person experiences the traumatic events and exhibits the symptoms related to trauma.

The Prevalence of PTSD can be consider in terms of trauma; the occurrence of PTSD depends on the numbers of events occurred in person's life. Researcher has estimated that around nine percent of general population may develop PTSD in their life time. It has also seen that the PTSD occurrence depends on the nature of traumatic events and how peoples think about it. For instance, nearly 65 percent of rape victims developed PTSD in their life and on the other hand 15 percent Vietnam combat veterans developed the PTSD.

Rational of the Study:

Several studies reveal that mindfulness may reduce anxiety and depression, boost the immune system, help to manage pain, allow losing unhealthy habits and addictions, reducing high blood pressure, and even changing the structure and function of the brain in positive ways. The findings of the existing literature motivated the researchers of this study to investigate the effects of mindfulness on depressive symptoms of PTSD victims. In the modern society people are becoming more materialistic and neglecting internal values. There are so many problems widening in our society like alcoholism, drug abuse, domestic violence, family breakdowns. People are worried about their children, their educations, and their future. As a researcher, it is our responsibility to understand the fear, anxiety, stress, depression, and increasing loneliness. Further researchers and spiritual leaders have tried to focus on how to develop inner peace, calm to adapt with fewer mental health issues. Mindfulness therapy is one of the most helpful tools to develop inner peace and to cope and deal effectively in everyday life. As a researcher, we found that very few studies have been done in this area especially in India. Thus it was aimed to study the role of mindfulness on PTSD patients and to explore the prospects and knowledge about mindfulness and its effectiveness in dealing with depressive symptoms of PTSD victims.

OBJECTIVES:

- To study the effectiveness of mindfulness among PTSD victims
- To study the effectiveness of mindfulness in reducing depression among PTSD victims

HYPOTHESIS:

- There would be a significant decrement in the depression symptoms of

PTSD victims after mindfulness intervention.

- The mindfulness intervention would create a significant difference between the control group and the experimental group.

Design of the Study:

The hypotheses involve comparison of the PTSD victims in experimental and control groups. For the purpose of the same the pre and post test was conducted and in-between the pre and post test experimental group was given an intervention of mindfulness therapy like breathing exercise and walking meditation. The depression was measured with the help of Hamilton depression rating scale on both of the groups in pre and post test conditions.

Methods:

Sample:

The sample consisted of 80 Tibetan refugees who escaped from Tibet to India and stay as a refugee in Dharamshala (HP, India). The participants were between the age group of 20 to 40 years. The mental health professionals diagnosed them as the victims of PTSD. They all are under the supervision of an NGO called GU-CHU-SUM where they get all basic needs, education and counselling.

Psychometric Tool:

Hamilton depression rating scale (HAM-D) was used to measure the severity of the depression symptoms of clinical patients. Max Hamilton originally published this depression scale in the year 1960 and reviewed and evaluated it in several years such as 1966, 1967, 1969, and 1980. It is being used for different norms like for children, teenagers, and adults. The Hamilton depression rating scale is a standard measure of depression and being used in research and for the evaluation of the effectiveness of the depression therapies and treatments. The Hamilton Depression Rating Scale is a 17-item scale that evaluates depressed mood, vegetative and cognitive symptoms of depression, and comorbid anxiety symptoms. It has appropriate psychometric properties.

PROCEDURE:

The data were collected at the actual place where PTSD victims were taken care of. Firstly the personal interaction with the director of NGO GU-CHU-SUN was done and it was communicated with him about the research work and collection of data. After getting formal permission (Written Informed Consent) from the director the researcher visited the whole campus and observed the places like meditation center, library, computer lab, canteen, and other open places wherever the visitors usually go. The researcher took two days to conduct the data and to observe the effect of mindfulness on depressive symptoms of PTSD victims. A total of 80 participants were recruited by referral of the NGO as PTSD victims. The participants were categorized into two groups, experimental group, and control group. Both groups were equal as all were PTSD victims. All participants were asked whether they are interested in participating in research and mindfulness practice. Following points were discussed like, objective of the study, risk associated with the study, the rights to withdraw if they choose, and measures which were taken to ensure their anonymity were discussed. Once the participants agreed to the terms and fully understood the procedure, the time and venue for data collection were decided. On day second the actual conduction process was started at Pema thang hotel in the yoga hall. They were allowed to sit on the seat distributed to them. They are provided with a pencil, eraser and group rapport was formed just to relax them and feeling free. Then after that the Hamilton depression rating scale was distributed to all and instructions are read loudly and then participants were requested to conduct the test. After completion of the test, the questionnaires were collected. After a short break of test conduction, the participant in the experimental group was requested to come in the hall and told that let learned breathing exercise, walking meditation, and then after that once again they will be doing the same test without break. So the breathing exercise was taught and subjects were told to be mindful over the breathing moments, focusing on the breathing and feelings and the body sensations. After that, they were also taught mindful walking exercises and told to be mindful over the sensation of feet touching the ground, lifting, mindful over thoughts and feelings. They were allowed to walk around the hall in line quietly. Once these exercises were done, they were once again allowed to sit and carry out the Hamilton test once again. When the experimental group was done with the Hamilton test in the post-test scenario, the controlled group was called up and requested to do the Hamilton test once again. After the completion of data collection, the participants were thanked and shorted out the queries if they had any.

RESULTS:

The present study aimed to examine the role of mindfulness therapy in the counselling process of PTSD patients, to see whether there are any positive effects on those patients after given the mindfulness therapy. The Hamilton depression scale was used to measure the depressive symptoms of PTSD victims. The mean scores obtained by the two groups that are experimental and controlled in the two conditions are compared by using a t-test for independent samples. The results are given in the following table.

Table-1 Comparison between the groups in Pre-Test Condition on depressive symptoms of PTSD victims

| | Control Group (N=40) | | Experimental Group (N=40) | | t-value | P |
|---------------------|----------------------|-----|---------------------------|-----|---------|----|
| | Mean | SD | Mean | SD | | |
| Depressive symptoms | 21 | 8.2 | 20 | 9.9 | 0.5 | NS |

Note = N.S. Means, Non Significant

The obtained t value is 0.5. Which is lower than the value at the critical value of t at df 78. For the difference between both groups, the values should be higher than 2.37 at 0.01 and 1.66 at the .05 level. Thus the differences between the controlled group and experimental group in the pre-test condition are found to be non-significant on both the levels of significant because the calculated value is the smaller than critical value.

Table-2 Comparison between the groups in Post-Test Condition on depressive symptoms of PTSD victims

| | Control Group (N=40) | | Experimental Group (N=40) | | t-value | P |
|---------------------|----------------------|----|---------------------------|-----|---------|-----|
| | Mean | SD | Mean | SD | | |
| Depressive symptoms | 20 | 9 | 14 | 8.2 | 3.33 | .01 |

The obtained t value is 3.33 which is higher than the value at the critical value of t at df 78. For the difference between both groups, the values should be higher than 2.37 at 0.01 and 1.66 at the .05 level. Thus the differences between the controlled group and experimental group in the post-test condition are found to be significant on both 0.01 and 0.05 level because the calculated value is higher than the tabulated value.

DISCUSSION:

The present study aims to examine the role of mindfulness therapy in PTSD victims, to examine is there any positive effect of mindfulness therapy on PTSD patients. More specifically, to examine whether mindfulness therapy ameliorates the depressive symptoms of PTSD patients. Many scientists, researchers, and psychologists conclude that the nature of the mind is an active monkey, which is so active that we can't stay even a minute on one object (Hanh, 2008). The activeness of the mind makes the people restless in their daily life and people are not able to enjoy the miracle experiences of the present moment which can be brought up mindfulness-awareness. Hanh further explains that miracles of mindfulness are like beautiful experiences brought up by being in mindfulness states whereas the people in sadness can't realize the miracles of mindfulness. While washing dishes, we think only of a cup of tea that is waiting for us, thus hurrying to get the dishes out of the way as if they were a nuisance, then we are not 'washing' the dishes. We are completely incapable of realizing the miracles of life while standing at the sink. If we can't wash the dishes, the chances are we won't be able to drink our tea either. While drinking the cup of tea, we will only be thinking of other things, barely aware of the cup in our hands. Thus we are sucked away into the future and we are incapable of actually living one minute of life.

The present study revealed non-significant difference between experimental and control groups when the mindfulness techniques are not introduced. The mind might be distracted by different thoughts in each moment and they might not aware of the painful thoughts and experiences going on inside them. They might be not aware of the present moment's miracles, the joyful experiences, wondrous experiences earned through mindfulness at present moments. They might live in the past or plan for the future. They might worry about the future since they don't have a job and family. Their life is kind of difficult being refugees, no job, no family and they had a hard life in the past being tortured by the Chinese. They might bring their thoughts into present moments and live in the present.

Mindfulness helps us to feel refreshed, restored and leads us to realization. Mindfulness is the miracle by which we master and restore ourselves. It is the miracle that can call back in a flash our dispersed mind and restore it to wholeness so that we can live each minute of life. (Hanh, 2008). Mindfulness is at the same time a means and an end, the seed and the fruit. When we practice mindfulness to build up concentration, mindfulness is a seed. The presence of mindfulness means the presence of life and therefore mindfulness is also the fruit. Mindfulness frees us of forgetfulness and dispersion and makes it possible to live fully each minute of life. Mindfulness enables us to live (Thomas Bien, 2006; Hanh, 2008; Dalai Lama, 2013). The most common mindfulness therapy used in mindfulness to refresh and restored the mind is the breathing technique.

In the post-test of the present study, significant differences are found between the two groups, the depression level of the participants who were introduced to the mindfulness breathing techniques and walking meditation have decreased. This may be because their mind might be refreshed and restored and they might realize that that was their time to be in the present moments. Maybe breathing tech-

niques brought them to present moments and let them enjoy the joyful moments being aware that they are writing some answers to the questions. Their mind might be at the peace through the practice of mindfulness and when one is calm, one can be more positive about the problems.

The findings of the present study show that there is no difference between the two groups in pre-conditions. As both groups were PTSD victims and tested on the Hamilton depression scale and it was found that there is no significant difference in both of the groups. In a recent study, Jean E. Dumas (2010) showed disruptive children showed rigid patterns in their behavior when they over learn during their learning process. These patterns of behavior are very mindless, they are very rigid tendency and resistance to change their self during learning process. The researcher followed the mindfulness base model to train parents of children by using operant leaning procedure. It was conclude that mindfulness based training is very effective to train parent successful which is the evidence integrated model of mindfulness based principles.

The findings of the post-test condition can be further explained that the significant differences between two groups in the control group and experimental group were found significant. It means the symptoms of depression ameliorated after the intervention of mindfulness therapy. It is noted that earlier in the pre-test condition there was no difference between depressive symptoms of both of the groups as the experimental group was later intervened with mindfulness practices. A study conducted by Tara Kingston, Barbara Dooley, Anthony Bates, Elizabeth Lawlor, Kevin Malone (2007) concluded in there study that Mindfulness-based cognitive therapy (MBCT) has a significant effect on residual depressive symptoms, which may be mediated through the mindfulness-based cognitive approach towards excessive negative ruminations in patients with residual depressive symptoms following a depressive episode. A similar study conducted by Christina Surawy, Jill Roberts, and Amy Silver (2005) indicated that mindfulness based stress reduction practice and cognitive therapy which have the significant effect to treat the patients who are suffering from chronic fatigue syndrome. Brown, K. W., & Ryan, R. M. (2003) found in their study that both dispositional and state mindfulness predict self-regulated behavior and positive emotional states. After a clinical interventional study, they also found that cancer patients demonstrate that increases in mindfulness over time relate to declines in mood disturbance and stress.

CONCLUSION:

We conclude that mindfulness therapy plays a crucial role in the healing of painful experiences of PTSD victims. More clearly, we can say that this mindfulness therapy helps in reducing the depressive symptoms of PTSD victims. Furthermore, most western mindful therapists have found that painful past experiences are dangerous to mental health if we can't take care of them. Mindful therapists believe that painful experiences should be taken care of by looking into them, bringing them into the conscious state, and being with them, so that these painful experiences will gradually weaken their power and the patient can override it. (Thomas Bien, 2006) in the present study, the participants were instructed to take some deep breaths and after that asked to look at their feelings and an emotion, which means these patients attempt to be with those memories of the past which are floating in their conscious state when these are activated. In meditation therapy, the subjects are asked to go back to those memories in the past which they don't want to remember, and how do they feel now at this moment. Whether they feel happy or sad no matter. These help the victims to be with their past experiences and making more familiar with them. Thus ultimately this helps the patients to integrate him into those memories they don't want to remember and heal themselves. It is more natural to feel and experience the sadness, and then it quickly goes away. At the very least, it does not interfere with our functioning. To live fully and be the master of our own emotions is to feel angry when we feel angry feel sad when we are sad, and afraid when we are afraid, and so on. Mastery is being how we are. When we practice in this way, positive experiences become more positive, and negative experiences, by not being resisted, find their level. But when we resist the negative experiences, it only grows stronger. Thus the present study attempts to prove that how important is it to be mindful of our painful feelings if we want to get rid of those unhealthy and distractive emotions.

IMPLICATION:

The current study has the implication to treat the depression and PTSD by using the mindfulness based practice and therapy. So we recommended that future research can be conducted to know its effect in other mental issue of different populations.

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